

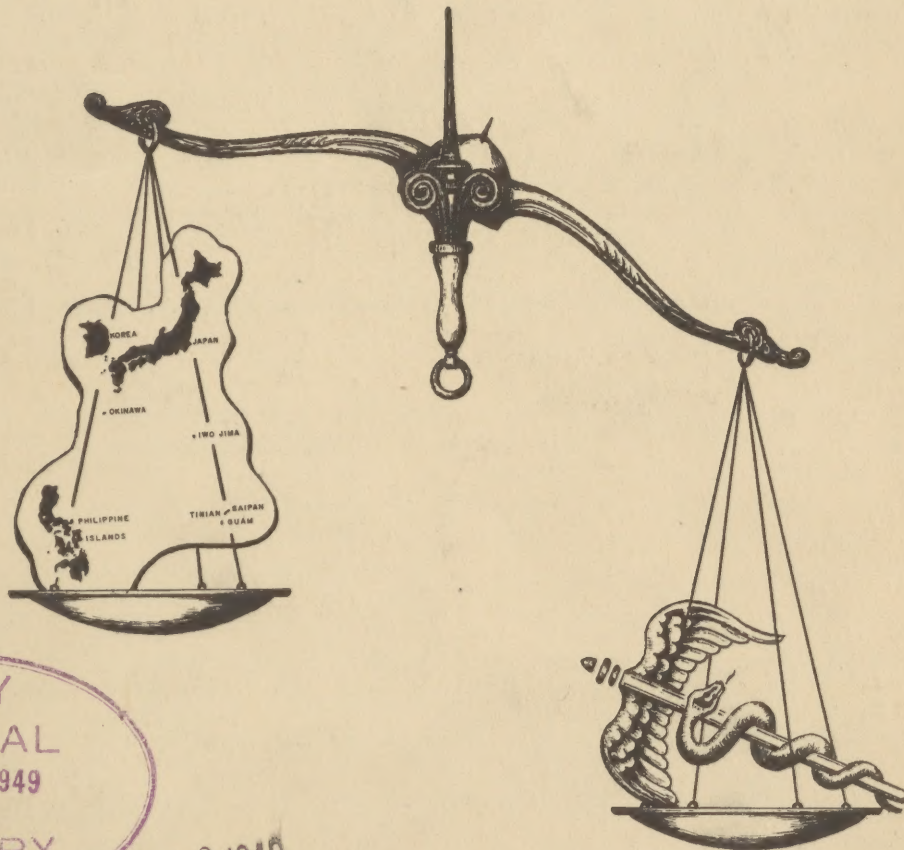
22-9
15-7
Circular letter
RESTRICTED

INDEXED
DOCUMENT SECTION

MED SEC GHQ FEC

DOCUMENT SECTION

VOL IV NO 3
1 MAR 1949



ARMY
MEDICAL
APR 11 1949
LIBRARY

JUL 13 1949

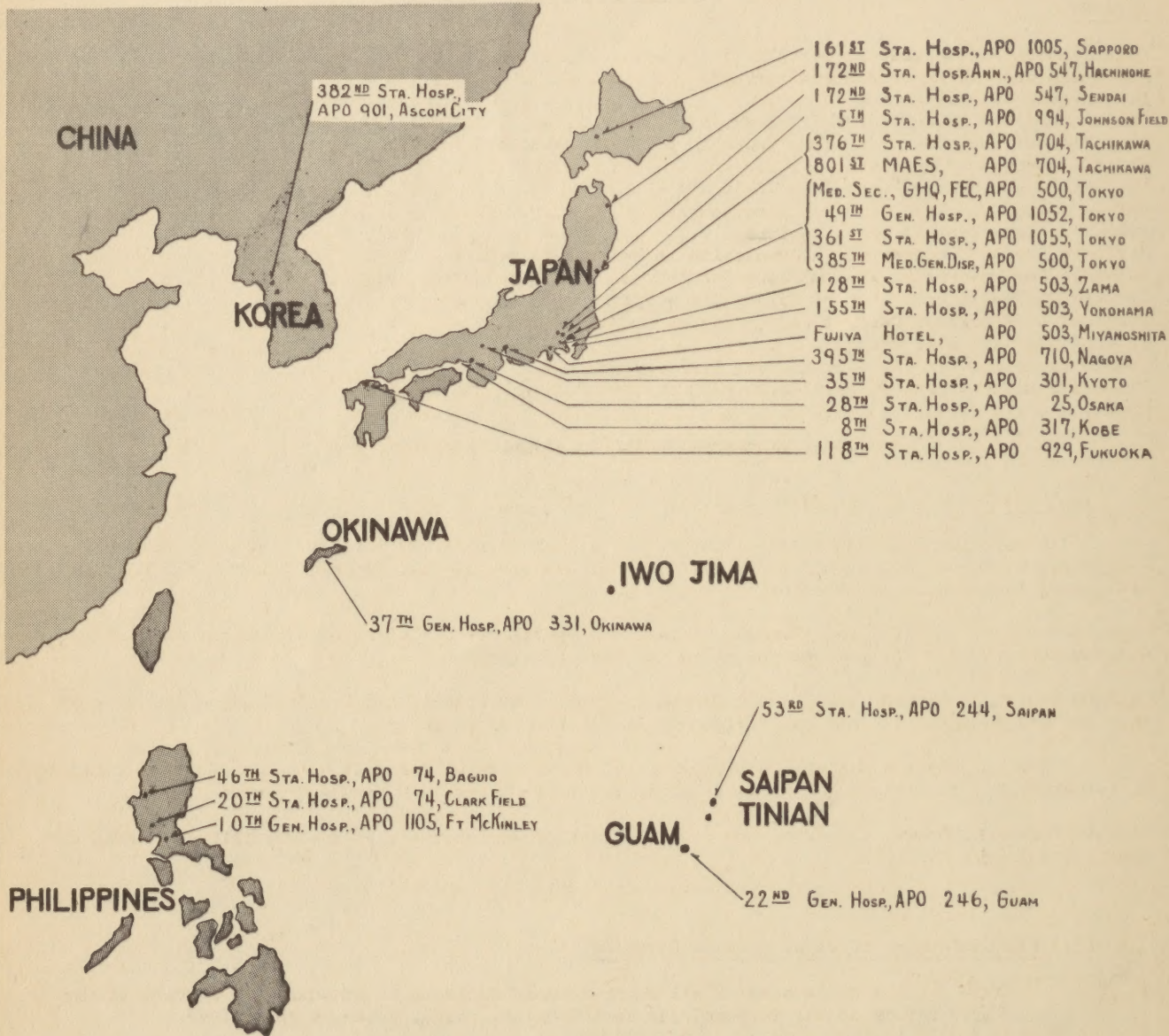
A FAR EAST PERIODICAL OF MEDICAL DEPARTMENT INFORMATION

SURGEON'S CIRCULAR LETTER

RESTRICTED

RESTRICTED

MEMBERS OF THE ANC AND OFF OF THE WMSC ON DUTY AT INSTALLATIONS WITHIN THE FEC



The Nursing Service is an integral part of the Medical Department with the primary function being to assure maximum efficiency in the care of the sick. The Army Nurse serves on land, aboard ships, in hospitals, and in the air, rendering all aspects of nursing care to the sick within the area of the FEC.

RESTRICTED

RESTRICTED

GENERAL HEADQUARTERS
FAR EAST COMMAND
MEDICAL SECTION

SURGEON'S CIRCULAR LETTER

AFPO 500

NUMBER. 3

1 March 1949

PART I

ADMINISTRATIVE

SUBJECT	SECTION
Organization of the Medical Section.	I
FEC Conference of Major Command Surgeons	II
New Surgeon General Status	III
Career Guidance Policy for Medical Corps Officers.	IV
Army Medical Department Officers Teach in Civilian Schools	V
Hospital Managers Institute.	VI
Civilian Consultants Expected to Visit FEC - 1949.	VII
Refrigeration of Penicillin and Streptomycin	VIII
New Heads Army Medical Installations	IX
Civilian Doctors Interested in Commission in Reserve Corps	X
Schedule for Processing Applications for Medical and Dental Corps, Regular Army.	XI
General Instructions on Use of Kardex Chart System	XII
Contents of Emergency Cabinet for the Treatment of Poisoning	XIII
Poisons and Antidotes Chart.	XIV
Recent Department of the Army and FEC Publications	XV
Promotion Lists - Medical Service Corps Officers, FEC.	XVI
Index.	Inside Back Cover

I. Organization of the Medical Section

Departures from the Medical Section, General Headquarters, Far East Command: Colonel George N. Schuhmann, MC, Deputy Surgeon, completed his tour of duty and has departed for his new assignment in the zone of interior.

Captain Felix G. Rajecki, MSC, Director, Plans and Operations Division, completed his tour of duty and has departed for his new assignment in the zone of interior.

Captain Robert E. Watson, MSC, Deputy Director, Supply and Fiscal Division, completed his tour of duty and has departed for his new assignment in the zone of interior.

Arrivals in the Medical Section, General Headquarters, Far East Command: Colonel Richard H. Eckhardt, MC, formerly Surgeon, XXIV Corps, has been assigned as Deputy Surgeon.

Captain Eugene T. Brown, MSC, from the zone of interior has been placed on temporary duty with the Supply and Fiscal Division.

II. FEC Conference of Major Command Surgeons

A conference of all major command Surgeons is scheduled to convene at the office of the Surgeon, Far East Command, Tokyo, Japan, 4 April 1949.

Each major command Surgeon, or his deputy, scheduled to attend the conference will present a paper on the medical service and medical problems of his respective command. In addition, lectures will be given by the consultants to the Surgeon, FEC, and various members of the Medical Section, GHQ, FEC. Each talk will be followed by a 30 minute free discussion period of the topics presented.



III. New Surgeon General Status

Secretary of the Army Kenneth C. Royall recently clarified the status of the Surgeon General with respect to his relationship to the Secretary and to the Chief of Staff. Army Circular 342, the reorganization directive, was amended to read: "In matters of standards of health and medical care of the troops, and the utilization of professional medical personnel, The Surgeon General shall have direct access to the Secretary of the Army and the Chief of Staff." Mr. Royall explained that the reorganization was not intended in any way to impair the historic position of The Surgeon General as direct advisor.

=====

IV. Career Guidance Policy for Medical Corps Officers

A policy for Career Guidance for Medical Corps officers as determined by The Surgeon General was established as follows by Department of the Army Special Regulations No. 650 50-50, 17 January 1949:

"Within the scope of military medicine, Army medical officer professional assignments range from routine sick call and physical examinations to the highest of professional attainments.

"It is axiomatic that such progression gears itself fittingly to age, experience, training, and ability. It is traditional in military, as well as in civilian medicine, that the less interesting occupations are awarded to the newly commissioned officers. Young doctors entering the service are not shocked by this system and recognize as necessary foundation to their careers. Since there are many other initial professional occupations of less routine character than physical examinations or dispensary duty, it is important to the morale of young medical officers that an equitable system of rotation of less desirable assignments be made periodically.

"It is therefore incumbent upon commanding officers of medical installations to effect immediately a system of local rotation which will prevent any medical officer from being assigned to any of the recognized monotonous professional duties for periods longer than 6 months at a time, unless conditions beyond their control prevent it. When the latter occurs, the condition or situation will be reported to The Surgeon General. Obviously, this policy is not intended to interfere with any professional training program, nor should it materially create interference with such domestic necessities as housing, children's schools, etc. The subject concerns itself principally with morale and, as such, remains one of local determination that cannot relegate itself to rigid policy.

"Junior medical officers assigned to field organizations and tactical units, and those who have chosen tactical careers, will be required to intersperse tours of professional assignments between tours of field unit assignments. The Career Management Branch, Office of The Surgeon General, is taking this into consideration and will arrange career patterns to conform to this policy.

"Utilization within commands.-- The professional utilization of medical officers within commands is a delegated responsibility of senior medical officers assigned thereto.

"Commanders and surgeons.-- To effect the policy established by these regulations, all commanders, as well as surgeons, of tactical and service units will become familiar and cooperate so far as practicable with the concept established."

=====

V. Army Medical Department Officers Teach in Civilian Schools

In line with the policy of cooperation between the Army Medical Department and civilian medicine, 28 Army Medical Department officers are now serving as part time instructors on the faculties of civilian medical schools, Major General Raymond W. Bliss, Army Surgeon General, said recently.

It is indicative, he stated, of the "close relationship" growing between Army medicine and civilian medical institutions. General Bliss emphasized the mutual advantages to Army and civilian medicine derived from the interchange of medical knowledge and educational technique which is accomplished by such a cooperative program.

Medical Department officers who serve on the faculties of civilian institutions, he said, do so voluntarily, without remuneration and, in many cases, on their own time. The work of these officers, General Bliss said, is not to be confused with the regular assignment of Medical Department

RESTRICTED

officers as Professors of Military Science and Tactics at those universities where Medical Department ROTC units exist.

The list includes 23 Medical Corps officers, two Medical Service Corps officers, two Dental Corps officers, and one from the Veterinary Corps.

The case of Lt. Col. Augustus M. Davison, MC, whose Army assignment is Chief of the Rheumatic Disease Section of the Army and Navy General Hospital at Hot Springs National Park, Arkansas, is indicative of the type of work being done by Army officers. Col. Davison serves part time as Assistant Professor of Rheumatology at the University of Arkansas School of Medicine at Fayetteville. His duties include lecturing to junior classes, and supervision of certain student clinics in arthritis.

=====

VI. Hospital Managers Institute

A school to train newly appointed hospital managers in policies and procedures of VA hospital management is being established by the Veterans Administration.

Twenty persons are expected to attend the sessions which run for four weeks in VA's Central Office, Washington, D.C. About 15 will be new hospital managers and the remaining five will be experienced managers who will serve as instructors.

Upon completing the course, the "students" will be assigned for one month's duty at the hospitals of the five instructors. At the end of the month, they will return to their respective hospitals.

Lectures will be given by authorities in hospital management and will be followed by workshop roundtables and discussions.

The school is expected to be repeated semi-annually.

=====

VII. Civilian Consultants Expected to Visit FEC - 1949

The following is a partial tentative list of expert consultants in the fields of Internal Medicine, Pediatrics, Dermatology, Neuro-Psychiatry, Pathology and Ophthalmology who have or are expected to visit the Far East Command during 1949:

JANUARY

Frederick W. Fitz
700 N. Michigan Ave
Chicago 11, Illinois
Assistant Professor of Medicine
Northwestern University, Medical School
Certified - Internal Medicine 1941
Lt Col, MC - World War II
Consultant in Internal Medicine, Veterans
Administration Branch Office #7,
Chicago, Illinois (per diem basis)

FEBRUARY

Averill A. Liebow
12 King Street
Meriden, Connecticut
Assistant Professor Pathology
Yale University, New Haven, Conn
Certified - Pathology 1940
Military Service: 1942 - 1946
Present Investigative Work: Concerned
chiefly with pathology and physiology
of respiratory disease.

Verne R. Mason
121 N. San Vicente Blvd
Beverly Hills, California
Certified - Internal Medicine
Colonel, MC - World War II
Consultant - McCormack Gen Hosp
Member, Society of United States
Medical Consultants in W. W. II

Byron C. Smith
35 E. 70th Street
N.Y.C., New York
Certified: Ophthalmologist 1941
Instructor in Refraction, Motor Anomalies
and Ophthalmic Surgery at the New York
Eye and Ear Infirmary
Member, Society of United States Medical
Consultants, W. W. II

MARCH

Wilburt C. Davison
Dean and Professor of Pediatrics,
Duke University School of Medicine,
Durham, North Carolina
Certified: Pediatrics, 1934
Made overseas trip as Civilian
Consultant to The Surgeon General,
W. W. II

James C. Maloney
414 Arlington Drive
Birmingham, Michigan
Associate Professor of Psychiatry,
Wayne University, Detroit
Commander, MC, USNR, W. W. II

Dudley R. Smith
4952 Maryland Ave
St. Louis, Mo
Certified: Obstetrics and Gynecology, 1936
Military Service - World War II
Instructor, Washington University,
St. Louis, Mo

APRIL

Hamilton Southworth
903 Park Avenue
New York 21, N.Y.
Assistant Clinical Professor of Medicine
Columbia University, College of Physi-
cians and Surgeons
Certified: Internal Medicine, 1940
U.S. PHS - W.W. II - ETO 1942 - 1945
Consultant - Station Hospital
United States Military Academy,
West Point, New York

Loren W. Shaffer
3852 Bishop Road
Detroit 24, Michigan
Professor, Dermatology and Syphilology
Wayne University
Certified: Dermatology and Syphilology, 1934
W.W. I Service - U.S.N., MC

MAY

Jerome W. Conn
Associate Professor of Internal Medicine
University of Michigan, Ann Arbor, Mich.
Certified: Internal Medicine, 1941
Consultant - Percy Jones General Hospital
Guest Lecturer - Basic Science Course,
Army Medical Center
Washington, D.C. - 1948 and 1949

JUNE

Donald S. King
1101 Beacon Street
Brookline 46, Massachusetts
Associate Lecturer, Harvard University
Certified: Internal Medicine, Allergy,
Tuberculosis, 1937
Colonel, MC, W. W. II
Consultant - First Army Area
Member, Society of United States Medical
Consultants in W. W. II

AUGUST

Randolph West
 Professor of Medicine
 Columbia University, College of Physicians
 and Surgeons
 Certified: Internal Medicine, 1937

SEPTEMBER

Bruce P. Webster
 3 E. 71st Street
 New York 21, N.Y.
 Assistant Professor of Medicine,
 Cornell University
 Certified: Internal Medicine, 1945
 Colonel, MC, W. W. II
 Consultant, Fort Jay, New York
 Member, Society of United States Medical
 Consultants in W. W. II

OCTOBER

Harry F. Klinefelter, Jr.
 1115 St. Paul Street
 Baltimore 2, Maryland
 Instructor in Medicine, Johns Hopkins
 University
 Certified: Internal Medicine, 1944
 Major, MC, W. W. II

NOVEMBER

T. Campbell Goodwin
 Pediatrician-in-Chief
 Mary Imogene Bassett
 Memorial Hospital
 Cooperstown, New York
 Professor of Pediatrics, Columbia University,
 College of Physicians and Surgeons

//////

VIII. Refrigeration of Penicillin and Streptomycin

It has been observed that some medical installations of the FEC including medical depots are storing supplies of penicillin and streptomycin in refrigerators. These items do NOT require refrigeration. In this connection read the descriptive material after the nomenclature of the items as listed in the Army-Navy Catalog of Medical Materiel.

//////

IX. New Heads Army Medical Installations

Brig. Gen. Paul H. Streit, for the past three years commanding general of Brooke General Hospital at Fort Sam Houston, Texas, has been assigned to command of the Army Medical Center, Washington, D.C. He succeeds Maj. Gen. George C. Beach, Jr., who died November 18, 1948.

Colonel Arthur R. Gaines, MC, former PHILCOM Chief Surgeon, succeeds Gen. Streit as Commanding Officer of Brooke General Hospital.

//////

X. Civilian Doctors Interested in Commission in Reserve Corps

A recent survey indicated that approximately 114 of 400 eligible doctors are interested in a reserve commission in the Army Medical Corps. Their interest in reserve commissions was signified in response to a circular letter signed by the American Medical Association president. (ED's Note: Reference SCL No. 2, 1 Feb 49, Sec. VI)

X. Schedule for Processing Applications for Medical and Dental Corps, Regular Army

The following minimum time schedule for processing applications from civilian applicants in the ZI for appointment in the Medical and Dental Corps, Regular Army, is furnished for the information of all concerned. In applying this schedule to local applications, the time factors required for board proceedings to reach The Adjutant General and for The Adjutant General to receive frequently required copies of documentary evidence of birth, internship and graduation from medical or dental school must be considered prior to starting of step 10.

<u>STEPS</u>	<u>CIVILIAN APPLICANTS</u>	<u>DAYS</u>	<u>ACCUMULATED DAYS</u>
1 Applicant initiates application and forwards to The Adjutant General	)	5	
2 Received by The Adjutant General	)		
3 Received by The Adjutant General	)	1	6
4 Forwarded to Evaluating Board	)		
5 In transit to Board	)	5	11
6 Received by Board	)		
7 Applicant summoned by Board	)	8	19
8 Applicant arrives for processing	)		
9 Processing of Applicant	)	3	22
10 Completing case and forwarding to The Adjutant General	)	2	24
11 In transit to The Adjutant General	)		
12 Received by The Adjutant General	)	5	29
13 Received by The Adjutant General	)		
14 Processing by The Adjutant General	)		
Control card	)	5	34
Composite score	)		
Assembling records	)		
15 Forwarding to Surgeon General's Office	)		
16 Received in Surgeon General's Office	)	2	36
17 Processing in Procurement Branch	)		
18 Processing by SGO Board	)	3	39
19 The Adjutant General prepares nomination list and forwards to President. (This includes time to accumulate cases)	)	15	54
20 Presidential action and return to The Adjutant General	)	10	64
21 TAG radios applicant and inquires as to his intention of acceptance	)	1	65
22 Applicant replies to The Adjutant General	)	3	68
23 The Adjutant General mails oath of office to candidate	)	5	73
24 Receipt by applicant	)		
25 Applicant signs oath and mails to The Adjutant General	)	5	78
26 The Adjutant General receives oath	)		
27 The Adjutant General requests orders from SGO	)	1	79
28 Surgeon General's Office furnishes orders to TAG	)	3	82
29 The Adjutant General cuts orders	)	2	84
30 The Adjutant General mails orders to officers	)	5	89
31 Orders received	)		
Total days required before officer is ordered to duty			89

XII. General Instructions on Use of Kardex Chart System by Maj. Mildred I. Clark, ANC, Chief Nurse, Far East Command

Reference "The Nursing Report Form for Book-Unit" page 18, October 1948, Surgeon's Circular Letter. WD AGO Form 8-57 is intended to occupy the upper pocket, facing the Nursing Notes and Treatment Record, so that both forms pertaining to the same patient are readily visible at the same time. It should be inserted in the same manner as described above except that the top edge of this form will be inserted first.

When a temperature graphic chart is maintained, the temperature, pulse, and respiration should not be entered on the Nursing Notes and Treatment Record, except when the time relation cannot be shown graphically.

Permanent blue-black ink is suggested for use on temperature graphic charts. Red ink does not photostat in color and distinction between recording cannot be differentiated. A broken line in the above stated color is suggested since it can be identified on reproductions.

XIII. Contents of Emergency Cabinet for the Treatment of Poisoning

Drug and chemical poisoning often constitutes a grave medical emergency. It is suggested that the emergency room of every hospital in the Far East Command and the emergency room of dispensaries be equipped with a cabinet containing syringes, gastric and duodenal tubes, as well as the antidotes, sedatives and stimulants listed below. A note should be prominently displayed indicating that items such as eggs and milk are available in a designated nearby icebox. It is expected that oxygen, as well as helium and oxygen and carbondioxide and oxygen mixtures will be maintained in Central Supply of the hospitals.

	Sterile pack with duodenal tube
	Sterile pack with gastric lavage tube
	Saturated solution magnesium sulfate, 240 cc
1.....	Ampule sodium phenobarbital crystals
1 bottle.....	Sterile distilled water
1.....	Ampule Pentothal Sodium
1.....	Ampule calcium gluconate
$\frac{1}{4}$ lb.....	Sodium bicarbonate
1000 cc.....	Lime water
1.....	Ampule caffeine sodium benzoate
1.....	4-oz bottle containing 6 grams potassium permanganate - Label - Fill bottle with water when needed. 4 cc of the resulting solution added to 1 qt water makes a 1:5000 solution
60 gm.....	Charcoal, powdered
30 cc.....	Aromatic Spirits of ammonia or smelling salts
1/6 doz.....	Soluble coffee powders from K rations
$\frac{1}{8}$ doz.....	Ampules coramine (nikethamide) 24% solution
$\frac{1}{4}$ lb.....	Chalk, powdered
240 cc.....	Olive oil
120 cc.....	Ethyl alcohol, 95%
$\frac{1}{2}$ doz.....	Ampules of 25% magnesium sulfate
1 oz.....	Calcium Chloride Crystals
$\frac{1}{4}$ lb.....	Starch
$\frac{1}{8}$ doz.....	Ampules BAL
$\frac{1}{4}$ lb.....	Tea balls (to make strong tea or tannic acid solution)
1/5 oz.....	Ampules ephedrine sulfate
1.....	Ampule picrotoxin
1.....	Dried plasma set
120 cc.....	0.1% potassium ferrocyanide
1.....	Ampule sodium amytal
240 cc.....	Milk of Magnesium
1.....	Teaspoon
1.....	Tablespoon
1.....	Alcohol lamp
2.....	Sterile 2 cc syringe and needle
1.....	20 cc syringe
1.....	50 cc syringe

XIV. Poisons and Antidotes Chart

On center page sheet of this issue is arranged a chart of poisons and antidotes compiled for the Far East Command. It is suggested that all dispensaries post this chart in the medicine cabinet as a matter of reference. (Chart is unclassified and may be withdrawn for posting.)

=====

XV. Recent Department of the Army and FEC Publications

- AR 35-3420, 5 Nov 48 - Pay and Allowances, Officers and EM, ORC, Air Force Reserve, and Officers, AUS, or Air Force of the U.S. Par 12, Medical and Hospital treatment and continuation of pay in time of peace.
- AR 615-366, 17 Dec 48 - Enlisted Personnel; Discharge; Misconduct (Fraudulent Entry, AWOL, Desertion, Conviction by Civil Court). Sec II- Physically Unfit Deserters and Absentees.
- AR 40-1025, C-3, 31 Dec 48 - Records and Reports of Sick and Wounded.
- AR 40-210, C-8, 5 Jan 49 - Prevention and Control of Communicable Diseases of Man.
- DA Cir 377, 7 Dec 48 - Sec IV, Women's Army Uniform Program, DA Cir 94, 1948, amended.
- DA Cir 383, 10 Dec 48 - Conversion of Positions for WO. Appendix, DA Cir 298, 1948, changed.
- DA Cir 396, 23 Dec 48 - Medical Service for Dependents of Army and AF Personnel in Army and AF Medical Facilities in the ZI.
- DA Cir 5, 7 Jan 49 - Sec I, Medical Officer - Military Resident Program, Par 2d, Sec IV, Cir 189, DA, amended.
- DA Cir 9, 12 Jan 49 - Army-Navy Catalog of Medical Materiel: Effective date of pamphlets 1, 2, 3, 4, 5 and 6, Oct 48, Spare Parts Sect will be date of receipt. Sec II - Recissions to Supply Catalogs.
- DA Cir 12, 19 Jan 49 - Sec III & Sec IV. Sec III - Rescinds: WD Memo 605-10-2, 5 Sep 46, Pertaining to Termination of Commissions in Medical Administrative Corps, and Sec IV - Rescinds: Army Service Forces Supply.
- DA Cir 13, 26 Jan 49 - Sec II Medical Officer Procurement - Professional Training Programs. Pars 8 and 12. DA Cir 148, 48, Changed.
- DA GO 83, 29 Dec 48 - Recommended Lists for Promotion to Lt Col, Maj and Capt of Medical Department.
- DA MEMO 305-15-10, 15 Oct 48 - List of Recurring Reports Authorized for Preparation. Pages 32, 33, 34 and 35, Medical Department.
- Catalogs: MED 7-72, 20 Oct 44, 7126006 and MED 7-712, 2 Apr 45, 7132005.
- SR 615-205-1, 8 Dec 48 - Enlisted Personnel - Initial Assignment Procedures for Critical or Special Professional or Technical Enlisted Personnel.
- SR 140-5-1, 15 Dec 48 - Organized Reserve Corps - Reserve Officers except General Officers. Pars 28 and 29 - Physical Examination.
- SR 40-305-5, 22 Dec 48 - Serologic Tests for Diagnosis of Syphilis.
- SR 345-920-1, 30 Dec 48 - Records and Reports: Records Administration - Uniform Retirement Procedures. DA Cir 60, 1948, superseded.
- SR 605-95-1, 3 Jan 49 - Light Aviation Officer Program. Sec VIII - Physical Qualifications for Flying Duty.
- SR 700-140-1, 5 Jan 49 - Supplies and Equipment; Artificial Teeth, Facings and Backings.
- SR 30-2210-50, 11 Jan 49 - Food Service; Field Rations. Hospital Messes - Sec I (1). Rations for Patients in Numbered Medical Units.
- SR 625-5-5, 11 Jan 49 - WAC. Discharge of Officers and Warrant Officers for Marriage and Pregnancy.
- SR 650-50-50, 17 Jan 49 - Career Guidance - Medical Corps Officers. (Ref: Sec II, this issue)
- SR 700-105-50, 19 Jan 49 - Supply and Equipment; Medical Department Ambulances. Supersedes AR 40-75 and Change 1
- SR 605-60-25, 19 Jan 49 - Submission of Requisitions for Officer Personnel - supersedes DA Cir 6, Sec II, 48, as amended. Par 4 c - Medical Department. (This directive includes nurses and WOs)
- T/O&E 1-1454, 27 Sep 48 - Strategic Reconnaissance Squadron, ECM. Sec III
- T/A 1-1, 4 Oct 48 - Administration and Maintenance. Sec V - Medical Equipment. Supersedes T/A 20-1, 19 Oct 44 and Changes.

XVI. Promotion Lists - RA Medical Service Corps Officers, FEC

Data compiled on this page and page 12 have been taken from the 1 January 1948 Official Army and Air Force Register, except as to MOS's which have been noted in Department of the Army Special Orders and other source material.

Entries under "Advance Temporary Grade & Date of Rank" in many instances are not accurate, especially in those cases of officers having been "relieved from active duty".

Entries under "Original Entry in Service" do not indicate that service has been continuous since dates posted. To break these entries down to show total actual service would make this assemblage of data too bulky.

MEDICAL SERVICE CORPS PROMOTION LIST OF RA OFFICERS CURRENTLY ASSIGNED IN THE FEC

NO.	NAME	ASN	DATE OF RANK	ADV TEMP GRADE & DATE OF RANK	ORIG ENTRY IN SERVICE ENLISTED EXT AD	DATE OF BIRTH	STATION	MOS
Lieutenant Colonels								
4.	HUNTER, George W. III	029126	27 Jan 47	None	None 2 Apr 42	27 Jan 02	406th Gen Lab	3310
15.	KOTTE, Bernard J.	029172	1 Jul 48	Lt Col 16 Sep 44	None 27 Dec 40	16 Nov 04	Hq, 8th Army	4490
25.	BRUP, Paul C.	018649	1 Jul 48	None	8 Feb 27 21 Jul 31	7 Oct 00	5th Med Depot Co.	4490
27.	BLAKE, Allen J.	029229	1 Jul 48	Lt Col 13 Mar 43	24 May 28 7 Dec 40	25 Nov 06	Med Sec, GHQ	2205
40.	EMONE, Wilfred A.	019642	1 Jul 48	Lt Col 17 May 44	12 Nov 23 1 Jul 34	15 Sep 04	Med Sec, GHQ	2120
49.	PARTIN, Everett W.	019699	1 Jul 48	None	25 Nov 27 21 Dec 34	23 May 06	Med Sec, GHQ	4490
50.	PAIGE, Ralph E.	031023	1 Jul 48	None	4 Jun 26 16 Apr 41	22 Jun 10	Hq, 8th Army	2120
56.	WINTERSTEEN, Joseph O.	051168	1 Jan 49	None	'19 to '21 21 Oct 40	10 Nov 03	3rd S&I Flt	4490

Majors

9.	STOLTZ, Ray E.	029225	12 Sep 43	Maj 21 Aug 43	None 16 Sep 42	12 Sep 06	Hq, 8th Army	2202
15.	SCHLAACK, Melvin V.	029253	11 Aug 44	Maj 30 Mar 43?	None 13 Jan 41	11 Aug 07	28th Sta Hosp	2120
19.	WEBB, Joseph E. Jr.	029271	6 Mar 45	Maj 10 Jun 42?	None 25 Mar 41	6 Mar 08	Hq, 8th Army	3315
26.	MOBLEY, Carlos V.	030991	1 Nov 45	Maj 22 Feb 44	17 Apr 37 27 Sep 41	1 Nov 09	49th Gen Hosp	3012
41.	BERGE, Trygve O.	030980	19 Aug 46	Maj 11 Jan 46	None 14 Sep 42	19 Aug 09	406th Gen Lab	3307
52.	PENNEPACKER, R. O.	052005	1 Jul 48	None	26 Oct 42 1 Sep 43	1 Apr 07	395th Sta Hosp	2120
57.	LaCASSE, Walter J.	052034	1 Jul 48	None	7 Apr 42 5 Apr 43	12 Jan 10	Hq, I Corps	3315
59.	BUTLER, Henry M.	031029	1 Jul 48	Maj 8 Oct 46	None 5 Dec 40	12 Aug 10	28th Sta Hosp	3318
87.	CLARK, James F.	043161	1 Jul 48	Maj 17 Jul 45	None 13 Jan 43	29 Jul 11	Hq, 8th Army	2110
90.	WINGO, Roland H.	031098	1 Jul 48	Maj 24 Sep 45	4 Sep 34 29 May 42	25 Aug 11	Hq, MARBO	2120
99.	BELOCHER, Tolbert H.	040118	1 Jul 48	Maj 2 Mar 44	5 Dec 32 17 Oct 40	20 Dec 11	5th Med Depot Co.	4450
112.	WEIR, Roy I. Jr.	038874	1 Jul 48	Maj 19 Oct 42	None 28 Mar 41	31 Jul 10	385th Gen Disp	2120
119.	REID, William O.	031175	1 Jul 48	Maj 29 Aug 46	2 Oct 40 28 Mar 42	14 Nov 12	28th Sta Hosp	2120
137.	BOECKMAN, Franklin	031247	1 Jul 48	None	13 Jan 38 24 Dec 41	28 Jan 14	28th Sta Hosp	3012
152.	LaCOMBE, James L.	031284	1 Jul 48	Maj 11 Nov 42	19 Sep 33 8 Nov 40	5 Oct 14	Med Sec, GHQ	3012
154.	HUNT, Albert B.	031285	1 Jul 48	Maj 28 Feb 47	18 Jun 42 19 Dec 42	18 Oct 14	Hq, 8th Army	2900
159.	SANDERS, Arvey C.	043236	1 Jul 48	Maj (?)	23 Feb 33 24 Jan 41	21 Apr 15	406th Gen Lab	3307
160.	CARTER, James A.	031315	1 Jul 48	Maj 2 Jul 46	7 Dec 40 22 Jul 42	25 Apr 15	Hq, 8th Army	2205
161.	HAASE, Frederick, Jr.	031320	1 Jul 48	Maj 8 Oct 46	12 Nov 41 29 May 42	31 May 15	406th Gen Lab	3318

Captains

12.	GLARY, John J.	031108	4 Oct 42	None	15 May 30 4 Jul 42	4 Oct 11	161st Sta Hosp	2120
23.	RANSOM, John P.	031140	6 Mar 43	Capt Nov 42	None 17 Mar 40	6 Mar 12	49th Gen Hosp	3307
27.	HITCHINGS, Donald L.	052081	27 Jun 47	None	None 20 May 43	27 Jun 12	49th Gen Hosp	2120
33.	ROERIG, Richard H.	043180	11 Oct 43	None	None 1 Sep 41	11 Oct 12	3rd Gen Lab	3307
37.	DAVIS, Chester H.	031182	8 Jan 44	None	17 Feb 41 27 Jan 43	8 Jan 13	361st Sta Hosp	2431
47.	DERAGISCH, William J.	031202	13 Apr 44	None	10 Feb 41 29 May 42	13 Apr 13	5th Med Dep Co.	2120
50.	GRUVER, George A.	031207	21 May 44	None	16 Sep 40 19 Dec 42	21 May 13	504th Med Base D	4490
53.	IRVING, Glenn C.	043197	7 Aug 44	None	15 Mar 41 24 Dec 41	7 Aug 13	Med Sec, GHQ	2120
58.	CURRIER, Clyde C.	031220	19 Sep 44	None	9 Apr 42 19 Dec 42	19 Sep 13	315th Air Div	2520
64.	HACK, Vincent I.	043206	30 Dec 44	Capt 10 Feb 44	13 Jan 41 24 Dec 41	30 Dec 13	Med Sec, GHQ	2120
65.	BAKER, Thomas E.	031244	13 Jan 45	Capt 16 Dec 44	13 Jul 34 14 Apr 43	13 Jan 14	Hq, 8th Army	2200
82.	STABLE, Joseph N.	043218	11 Jul 45	None	21 Aug 39 24 Jan 43	11 Jul 14	406th Gen Lab	3309
88.	GOTT, William E.	037405	12 Nov 45	Capt 11 Aug 44	None 28 May 42	12 Nov 14	25th Inf Div	2431
91.	HAINES, Charles C.	031290	23 Nov 45	Capt 15 Jul 43	7 Aug 35 18 Feb 42	23 Nov 14	Hq, FFAF	2120
104.	MARSH, Edwin S.	031307	20 Mar 46	Capt 31 Jan 44	6 May 30 19 Dec 42	20 Mar 15	Hq, 8th Army	2421
106.	JONES, Herman A. Jr.	031312	7 Apr 46	Capt 8 Feb 43	None 12 Mar 42	7 Apr 15	Hq, 8th Army	2120
117.	LEONARD, Edgar W.	037390	3 Aug 46	Maj 11 Feb 44	6 Sep 35 28 Mar 42	3 Aug 15	37th Gen Hosp	4490
119.	THORNTON, William H.	037394	9 Aug 46	None	None 17 Oct 42	9 Aug 15	382nd Sta Hosp	2120
121.	ERPELDING, Leander F.	037397	27 Aug 46	Maj 15 Nov 46	None 11 Jan 41	27 Aug 15	10th Gen Hosp	2120
122.	BROWN, Eugene T.	037398	7 Sep 46	None	None 15 Jul 42	7 Sep 15	Med Sec, GHQ	2120
126.	AUSTIN, William L.	037403	12 Oct 46	None	28 Nov 42 1 Sep 43	12 Oct 15	172nd Sta Hosp	2120
127.	UMPHRESS, Donald L.	043245	24 Oct 46	Capt 27 May 44	27 Sep 37 29 May 42	24 Oct 15	37th Gen Hosp	2431
137.	LIPSCOMB, Edward B.	037412	29 Jan 47	Capt 15 Apr 44	None 1 Aug 42	29 Jan 16	406th Gen Lab	3307
140.	LEVESQUE, Paul M.	037415	9 Jan 47	None	3 Feb 41 19 Dec 42	9 Feb 16	382nd Sta Hosp	2120
145.	DROWNS, Norman S.	041132	7 Mar 47	Capt 3 May 44	27 Apr 35 19 Dec 42	7 Mar 16	4th Repl Depot	3506
150.	RATTAN, Volney H.	039328	19 Mar 47	Maj 27 Sep 45(?)	25 Apr 41 24 Dec 41	19 Mar 16	Enroute fr ZI	4890
163.	FLINKE, John D.	056920	1 Jul 48	None	22 Apr 42 27 Jan 42	28 Feb 13	Miyagi MG Team	3314
168.	BOVEE, Clifton W.	056190	1 Jul 48	Maj 16 Oct 46(?)	None 5 Mar 43	23 Sep 13	Hq, FFAF	7960
175.	WILKINS, Arthur L.	037438	1 Jul 48	Capt 22 Jan 47	9 Apr 41 14 Apr 43	11 Aug 15	407th Med Disp	2200
181.	MALONE, Everett W.	049925	1 Jul 48	Maj 28 Feb 47	20 May 41 22 Jul 42	29 Jul 16	60th Med Base D	4490
183.	MURPHY, Paul W.	037437	1 Jul 48	Capt 25 May 45	25 Mar 41 22 Jul 42	7 Aug 16	155th Sta Hosp	2120
188.	WRIGHT, Bertram S.	041137	1 Jul 48	Capt 31 Jan 44	3 Mar 41 22 Jul 42	23 Sep 16	1st Cav Div	2520
189.	LOISEL, Vernon H.	037443	1 Jul 48	Capt 3 Jan 45	25 Nov 40 29 May 42	24 Sep 16	Med Sec, GHQ	2120
226.	WIEGEL, Louis S.	056212	1 Jul 48	Capt 26 Oct 44	None 18 Sep 42	1 Mar 17	35th Sta Med Gp	2110
232.	CAITO, Thomas P.	037478	1 Jul 48	Maj (?)	26 Mar 41 28 Mar 42	5 Aug 17	Hq, PHILCOM	2200
236.	BARNEY, Leonard C.	037487	1 Jul 48	Capt 18 Aug 45(?)	30 Nov 39 9 Apr 42	22 Mar 17	407th Med Disp	2200
244.	KOWALSKY, Matthew J.	037496	1 Jul 48	Maj 2 Jul 46	23 Apr 41 29 May 42	28 Jan 19	7th Inf Div	2525
247.	NASHOLD, Donald K.	037500	1 Jul 48	Capt 4 Apr 46	26 Aug 41 24 Feb 43	14 Jun 17	10th Gen Hosp	2520
248.	LAMANCHE, Philip L.	037501	1 Jul 48	Capt 2 Oct 44	15 Oct 40 10 Feb 43	15 Jul 17	Hq, 8th Army	2120
252.	KELLY, Francis J.	037505	1 Jul 48	Capt 17 Aug 45(?)	30 Jan 41 27 Jun 42	18 Feb 19	Enroute fr ZI	2120
258.	GRINDELL, James D.	037515	1 Jul 48	Capt 23 Aug 45	16 Jun 41 15 Aug 42	9 Aug 18	Med Sec, GHQ	2110
267.	GANG, Harry L.	037536	1 Jul 48	Capt 14 Sep 44	1 Mar 39 17 Oct 42	30 Jun 21	Enroute fr ZI	2120
274.	FUGITT, William K.	039340	1 Jul 48	Capt 22 Jan 47	15 Jun 38 25 Nov 42	20 Apr 18	5th Med Depot Co.	4891
277.	SALING, James T.	037553	1 Jul 48	Capt 7 Feb 46	10 Feb 41 25 Nov 42	29 Dec 19	20th Sta Hosp	2110

Poisons and Antidotes

POISON

Aniline Dye (From stamp markings on diapers or from waxed crayons)

Arsenic, Acute

Arsenic, Subacute or Chronic

Atropine (Belladonna, Stramonium, Homatropine)

Barbiturates

Boric Acid

Carbon Monoxide

Carbon Tetrachloride (Cleaning solutions like Carbena, by inhalation or ingestion)

Chloral Hydrate

Cocaine

Copper

Cyanide

D.D.T.

1080 Poisoning

Digitalis Overdosage

Fluoride

Formaldehyde

Hydrocarbons (Kerosene, gas-

SYMPTOMS

Severe cyanosis in newly born from aniline dye markers used to stamp the diapers; apathy, gasping respirations, collapse and convulsions.

Dysphagia, gastric pain, vomiting, diarrhea, hematuria; later shock, coma and convulsions.

Neuritis, leukopenia, purpura, anemia, stomatitis, exfoliative dermatitis, etc.

Dry mouth, hot burning skin, blurred vision, dilated pupils, rapid, weak pulse, rash, delirium, restlessness.

Deep coma, flaccidity, reflexes absent, slight cyanosis, slow respiration.

Nausea, vomiting, diarrhea, headache, abdominal pain, collapse.

Headache, vertigo, vomiting, collapse and coma, cherry red skin, especially lips and nail beds.

Headache, inebriation, convulsions, colicky pain, nausea, vomiting; liver and renal damage.

Deep stupor, pinpoint pupils, slow respiration, cyanosis.

Excitability, confusion, delirium, rapid pulse, dilated pupils, exophthalmos.

Vomiting, weakness or paralysis.

Vertigo, hyperpnea, headache, collapse, convulsions, death in seconds to minutes - odor of bitter almonds on breath.

Pulmonary edema, neurotoxic symptoms, extreme nervous tension, respiratory paralysis, severe G.I. symptoms, delayed hepatic and vascular lesions, coma.

Tart sour taste, numbness, paralysis of speech, convulsions, dilated pupils, frothing at mouth, cyanosis, irregular pulse.

Ventricular tachycardia if present is indication for treatment

Nausea, vomiting, diarrhea, collapse, dilated pupils, shallow breathing, weak heart tones.

Gas exposure - conjunctivitis, bronchitis and pneumonia. Ingestion - ulceration of mouth and throat, abdominal pains, vomiting, diarrhea, vertigo, coma.

Inebriation similar to alcohol, vomiting, vertigo, drowsi-

TREATMENT

Remove dye source; oxygen; methylene blue I.V. if cyanosis is severe.

Gastric lavage with warm water. Salines, followed by castor oil. Give BAL (British Anti-Lewisite) (TS MED-104) in doses of 3 mgm/kg of body weight I.M. q4h for first 2 days, q6h on 3rd day and q12h for 12 days or until recovery.

Gastric lavage with strong tea, second if excited, caffeine ephedrine or picROTOXIN if seriously depressed.

Clear airway - 5% CO₂ and 95% O₂, plasma for shock, penicillin to prevent pneumonia; picROTOXIN for severe cases, 5-10 mgm intramuscularly every 4 hour until twitching noted.

Lavage, saline cathartic, forced diuresis.

Oxygen plus 5% CO₂ - artificial respiration.

Gastric lavage, calcium by mouth, avoid alcohol.

Gastric lavage with sodium bicarbonate, oxygen, external heat, respiratory stimulants, glucose I.V. to protect liver.

See Strychnine.

Lavage with 0.1% potassium ferrocyanide. Avoid emetics if corrosion noted.

Sodium nitrite 0.3 to 0.5 gm. in 10-15 cc H₂O I.V. followed by sodium thiosulfate I.V., O₂, blood transfusion, I.V. methylene blue.

Symptomatic and supportive measures, artificial respiration, keep patient warm.

Pentothal for convulsions, morphine, calcium gluconate, gastric lavage with 1 gallon sodium bicarbonate solution - then lime water - magnesium sulfate catharsis, oxygen, I.V. fluids, blood.

5-10 cc of 10% magnesium sulfate I.V. followed by quinidine by mouth.

Gentle gastric lavage with lime water or copious quantities of milk, calcium gluconate I.V., I.V. glucose in saline, maintain diuresis, transfuse for shock.

Lavage with dilute ammonia water 0.2% or egg albumin in water.

Lavage with care, saline cathartics, oxygen and transfusions,

Lye
 shock, local mucous membrane burns, blue color to vomitus or lavage material.
 Local corrosive lesions.

Mercury
 Ashen gray mucous membrane, mouth and pharynx, gastric pain and vomiting, bloody diarrhea, shock, circulatory collapse, stomatitis in 24 hours, foul breath, diuresis then anuria.

Methyl Alcohol
 Violent gastric pain, vomiting, inebriation, confusion, delirium, acidosis.

Methyl Chloride
 Dizziness, vomiting, confusion, coma.

Morphine and Opiates
 Somnolence, pinpoint pupils, cyanosis, slow respiration, coma.

Oxalic Acid and Oxalates
 Hypocalcemia, muscular twitching, laryngospasm, tetany, convulsions.

Phenol (Cresol, Cresote)
 Painful corrosions and vomiting, capillary damage, shock, hemoglobinuria.

Phenolphthalein
 Violent catharsis, mania, hemiplegia, petechiae, amnesia, coma, cardiac or respiratory failure.

Phosphorous (rat poison - giant torpedoes)
 Hematemesis, restlessness, hematuria.

Pyrethrum
 Slow pulse, shock, vomiting, convulsions, collapse.

Salicylates (Methyl salicylate)
 Vertigo, tinnitus, headache, nausea, thirst, vomiting, restlessness, delirium, stupor, coma, hyperpnea, convulsions.

Santonin
 Urine yellow if acid, pink if alkaline; blue then yellow vision, headache, vomiting, confusion, abdominal pain, diarrhea, bloody urine, convulsions.

Stramonium (Jimson weed, thorn apple, stink weed seeds contain atropine-like drugs)
 Thirst, disturbance of vision, dilated pupils, skin hot and dry, confusion, mania, convulsions.

Strychnine (Bright colored cathartics and tonics)
 Tetanic convulsions.

Turpentine
 Colicky pain, nausea, vomiting, diarrhea, excitement, ataxia, coma, hematuria, violet colored urine.

Unknown Poison
 Nausea, vomiting, colic, diarrhea.

Zinc (Zinc Chloride of Sulfate)
 Choking, coughing, cyanosis, bronchopneumonia.

egg albumin, I.V. fluids.
 Neutralize corrosive with weak acid - dilute vinegar, lemon or orange juice, sedation.

Milk & eggs by mouth. BAL 5 mgm/kg I.M. After 1 hr 2.5 mgm/kg. Then 2.5 mgm/kg q4h for 1 or 2 doses. 2nd day - 2 doses. 3rd day - 1 dose.
 Lavage with 4% sodium bicarbonate solution; active treatment for acidosis, oxygen and artificial respiration, stimulants.

Oxygen and caffeine sodium benzoate.
 Lavage thru nasal tube with qts of 1-5000 KMnO₄, leave 50 cc of 20% charcoal suspension in stomach plus 50 cc of 50% epsom salts, inhalation of ammonia (as smelling salts), hot strong coffee, 5% CO₂, 95% O₂ inhalation, coramine 5 cc of 25% solution I.V. for coma.

Lavage with 1-5000 potassium permanganate followed by 5% calcium chloride, chalk or lime solution, calcium gluconate I.V. for tetany.

Lavage with olive oil and leave 90% in stomach, copious fluids I.V., alcohol for phenol on skin.

Immediate lavage or emesis, symptomatic therapy.

Avoid milk, oils or fats, lavage with 1-5000 KMnO₄ solution, then with water, leave MgSO₄ in stomach I.V. glucose and 1/6 molar lactate for acidosis.

Lavage with warm water, general supportive measures.

Gastric lavage in acute case, I.V. glucose, caffeine, epedrine.

Lavage with water, saline catharsis, I.V. sodium phenobarbital for convulsions.

Lavage with weak tannic acid solution (4%), epsom salts, sodium phenobarbital (Hypo) for mania or convulsions.

Control convulsions with intravenous pentothal or sodium amytal, or avertin by rectum, then lavage with 1-5000 KMnO₄ or tannic acid solution, artificial respiration, oxygen.

Universal antidote:
 Rx Pulverized charcoal (burnt toast) - 2 parts
 Tannic acid (strong tea) - 1 part
 Magnesium oxide (milk of magnesia) - 1 part
 Lavage and catharsis.

Oxygen combined with helium.

MEDICAL SERVICE CORPS PROMOTION LIST OF RA OFFICERS CURRENTLY ASSIGNED IN THE FEC. (Cont'd)

NO.	NAME	ASN	DATE OF RANK	ADV TEMP GRADE & DATE OF RANK	ORIG ENTRY IN SERVICE ENLISTED	EXT AD	DATE OF BIRTH	STATION	MOS
289.	GROW, George L.	037573	1 Jul 48	Capt 10 Jul 45	8 Apr 42	23 Dec 42	12 Mar 18	361st Sta Hosp	2110
298.	KEEGAN, Hugh L.	049928	2 Jan 49	1st Lt 6 May 44	14 Sep 42	24 Mar 43	6 Sep 16	3rd Gen Lab	3315
320.	HAMMAKER, Bernard W.	037492	2 Jan 49	1st Lt 13 Mar 45	None	19 Dec 42	14 May 17	52nd Med Port	2136
322.	POWELL, Harry C.	039336	2 Jan 49	Capt 16 Oct 45	None	26 May 42	20 Jul 17	Hq, 8th Army	2162
327.	HUFFMAN, James V.	037507	2 Jan 49	Capt 24 Mar 45(?)	None	27 Jun 42	9 Oct 20	8th Sta Hosp	4490
328.	ROSSI, Joseph P.	037508	2 Jan 49	Capt 15 May 45	14 May 41	24 Oct 42	11 Jul 17	172nd Sta Hosp	4490

First Lieutenants

16.	WHITAKER, Harry T.	037539	28 Oct 45	1st Lt 15 May 44	23 Jul 36	8 Nov 43	28 Oct 17	155th Sta Hosp	4411
29.	NICHOLSON, Guy C.	056239	19 Dec 45	Capt 4 Dec 45	1 Oct 42	19 Dec 42	10 Sep 18	172nd Sta Hosp	4110
37.	BATES, Elvis E.	037577	23 Dec 45	1st Lt 23 Nov 43	16 Sep 40	23 Dec 42	8 Aug 20	Med Sec, GHQ	2120
38.	DELAHUNT, John C.	056211	23 Dec 45	Capt 27 Feb 47	28 Mar 42	23 Dec 42	23 Jul 18	172nd Sta Hosp	2120
40.	MORDEN, Harold R.	037578	13 Jan 46	1st Lt 21 Jul 44	25 Jan 41	13 Jan 43	29 Sep 19	TDY, Hq, 8th Army	4490
50.	SMITH, Robert L.	039350	27 Jan 46	None	24 Apr 42	27 Jan 43	16 Apr 19	22nd Gen Hosp	4890
57.	HUGHES, Robert L. Jr.	037591	24 Feb 46	Capt 21 Oct 44	4 Sep 41	24 Feb 43	18 Aug 18	49th Gen Hosp	2120
70.	BOWERS, Gerald B.	037602	14 Apr 46	1st Lt 12 Sep 44	15 Oct 40	14 Apr 43	3 Sep 20	25th Inf Div	2110
74.	FINK, James L.	037604	28 Apr 46	Capt 3 Jul 46	18 Sep 43	28 Apr 43	22 Apr 21	49th Gen Hosp	4890
84.	McGOVERN, John J.	036851	26 May 46	Capt 8 Nov 45	4 Jun 41	11 Nov 42	9 Nov 17	1st Cav Div	2120
88.	KADROVACH, Dan G.	037613	23 Jun 46	Capt 27 Dec 45	30 Nov 42	23 Jun 42	22 Aug 20	385th Gen Disp	2110
89.	BLAKESLEE, Theodore E.	056970	24 Jun 46	Capt 4 Jan 47(?)	22 Jun 42	1 May 44	24 Jun 18	4th Mal Surv Det	3315
91.	ERB, John J. Jr.	038538	4 Aug 46	1st Lt 14 Apr 45	24 Aug 42	4 Apr 43	11 Oct 21	20th Sta Hosp	2120
96.	KEENAN, James W.	049972	7 Aug 46	1st Lt 7 Aug 46	28 Jan 42	18 Jan 45	7 Aug 18	537th Gen Disp	4490
99.	HART, Bernard A.	038544	18 Aug 46	1st Lt 15 May 45(?)	6 Feb 42	18 Aug 43	25 Dec 18	385th Gen Disp	2120
100.	WELLS, Frederick M.	039487	18 Aug 46	1st Lt 9 Dec 45(?)	29 Dec 41	18 Aug 43	27 May 21	517th Med Maint Det	4890
109.	COOK, D. P.	038552	1 Dec 46	1st Lt 1 Mar 45	9 Mar 42	1 Dec 43	10 Jan 20	28th Sta Hosp	2120
110.	FLORA, Jack L.	038551	29 Dec 46	1st Lt 25 Oct 45	15 Oct 40	29 Dec 43	3 Apr 22	155th Sta Hosp	2120
115.	BUNSON, Sydney M.	056273	11 Mar 47	Capt 7 Aug 46	21 Nov 42	17 Nov 43	11 Mar 23	Enroute fr ZI	
117.	DEXTER, Wade H.	038554	5 May 47	1st Lt 3 Aug 45(?)	4 Feb 43	15 Sep 43	5 May 23	385th Gen Disp	2120
119.	BUNGER, Egbert V.	039492	12 Jun 47	None	25 Nov 40	12 Jun 44	28 Oct 19	49th Gen Hosp	2120
130.	KANAYA, Jimmie	038558	4 Sep 47	1st Lt 28 Sep 45	9 Apr 41	4 Sep 44	3 Oct 20	GHQ, TIS	9332
132.	WILLIAMS, John O.	056276	15 Sep 47	1st Lt 15 Oct 46	11 Jan 43	28 Mar 45	15 Sep 19	22nd Gen Hosp	2120
144.	SHARE, James M.	038568	22 Dec 47	1st Lt 24 Dec 46	None	22 Dec 44	21 Jul 42	35th Sta Hosp	4490
150.	ANDERSON, Robert I.	056990	31 Jan 48	None	None	18 Dec 46	31 Jan 20	20th Sta Hosp	3309
156.	NEAL, Forest L.	038577	9 May 48	1st Lt 14 Mar 47	21 May 43	9 May 45	8 Oct 21	37th Gen Hosp	4490

Second Lieutenants

1.	BALIKOV, Bernard	056775	2 Apr 46	1st Lt 14 Jul 48	None	13 Jan 47	2 Apr 21	406th Gen Lab	3309
----	------------------	--------	----------	------------------	------	-----------	----------	---------------	------

MEDICAL SERVICE CORPS PROMOTION LIST OF RA OFFICERS WHO HAD BEEN ASSIGNED IN THE FEC BUT RETURNED TO THE ZONE OF INTERIOR SUBSEQUENT TO 1 JANUARY 1947

Lieutenant Colonels

3.	HALL, Douglas	016362	5 Dec 45	Lt Col 5 Dec 42	16 Mar 18	2 Dec 25	23 May 98	Hq, 8th Army	2120
5.	GIBBS, Frederick H.	029129	31 Mar 47	None	17 Sep 25	10 Mar 41	31 Mar 02	Med Sec, GHQ	2120
7.	RIORDAN, Bernard N.	056795	1 Jul 48	Lt Col 20 Mar 43	5 Jun 19	18 Oct 40	10 Jan 01	PH&W Sec, GHQ	4490
24.	FLEETWOOD, Phillip G.	029202	1 Jul 48	Lt Col 8 Dec 45	9 Jul 27	14 Apr 42	11 Mar 06	Hq, FEAF	2120
31.	HILL, Guy C.	029272	1 Jul 48	None	None	3 Dec 40	26 Mar 08	7th Inf Div	2025
46.	DAMAN, Eli E.	019703	1 Jul 48	Lt Col 29 Sep 45	31 Oct 32	22 Dec 34	30 Oct 07	Hq, XXIV Corps	

Majors

2.	McKNIGHT, Joe E.	017983	12 Jul 43	Lt Col 9 Feb 43	8 May 19	3 Apr 30	1 Jan 00	382nd Sta Hosp	2120
3.	TENNIES, Leslie G.	041715	19 Sep 42	Maj 13 Oct 44	None	1 Jul 42	19 Sep 05	361st Sta Hosp	2252
29.	HAGE, Gunnar H.	029313	10 Feb 46	Maj 31 Jan 46	15 Oct 40	17 Oct 42	10 Feb 09	Hq, PHILCOM	2120
40.	BURKE, David C.	039667	13 Aug 46	None	6 Jan 41	28 Nov 42	13 Aug 09	71st Sta Hosp	2120
47.	POTTS, Edwin H.	031009	12 Mar 47	None	11 Jul 42	10 Feb 44	12 Mar 10	Hq, RYCOM	3506
62.	NELSON, Harry J.	020053	1 Jul 48	Lt Col 10 Aug 46	18 Jan 32	1 Aug 35	17 Jan 08	G-4, GHQ	4010
71.	ALEXANDER, Lawrence G.	031058	1 Jul 48	Lt Col 5 Feb 44	2 Dec 29	8 Nov 40	11 Feb 11	49th Gen Hosp	2120
72.	PLOWMAN, Floyd C.	031059	1 Jul 48	Maj 3 Aug 43	12 May 31	5 Mar 41	27 Feb 11	Yokohama Comd	4490
80.	DOMANSKI, Thaddeus J.	031082	1 Jul 48	Maj 17 Sep 46	None	27 Feb 43	14 Jun 11	Hq, USAFIK	3309
88.	BELL, Miles G.	031094	1 Jul 48	Lt Col 5 May 45	19 Mar 36	27 Sep 41	4 Aug 11	34th Gen Hosp	2120
92.	TOLBERT, Raymond F.	031104	1 Jul 48	Maj 27 May 43	12 May 31	8 Nov 40	15 Sep 11	49th Gen Hosp	2205
123.	PAINTER, John V.	021010	1 Jul 48	Maj 4 Jan 43	None	18 Feb 38	6 Jul 15	Med Sec, GHQ	4490
132.	ZUEKOFF, Harry	031228	1 Jul 48	None	8 Jan 34	31 Oct 42	15 Nov 13	34th Gen Hosp	2110
143.	KORN, Bernard	021705	1 Jul 48	Lt Col 4 Dec 44	None	4 Mar 39	4 Dec 13	933rd Med Depot	3318
162.	RIGSEY, Elliott P.	022886	1 Jul 48	Maj 31 Mar 43	None	3 Jun 40	1 Apr 13	49th Gen Hosp	2205
163.	HENDERSON, Clyde W.	031324	1 Jul 48	Maj 15 May 45	22 Jun 34	5 Feb 42	16 Jan 15	49th Gen Hosp	2110
169.	ROGOWSKI, Edward C.	023622	1 Jul 48	Maj 22 Apr 44	None	11 Sep 40	14 Dec 15	Hq, PHILCOM	3318
176.	BRYANT, Russell L.	037423	1 Jul 48	Maj 21 Feb 44	21 Dec 39	Feb 42	21 May 16	37th Gen Hosp	2120

Captains

62.	NICOLARY, Carl W.	031226	29 Oct 44	Maj 5 Feb 47	16 Aug 34	25 Nov 42	29 Oct 13	20th Sta Hosp	2110
63.	WATSON, Robert E.	031229	22 Nov 44	Capt 28 Jul 44	30 Apr 42	23 Dec 42	22 Nov 13	Med Sec, GHQ	4490
81.	DARLING, James O.	031271	17 Jul 45	Capt 27 Dec 43	28 Mar 41	15 Aug 42	17 Jun 14	80th Med Gp	4010
95.	EVANS, Murray F.	031296	18 Jan 46	Capt 14 Nov 45	15 Apr 42	19 Dec 42	18 Jan 15	80th Med Gp	2431
111.	QUACKENBUSH, Robert O.	031317	10 May 46	Capt 5 Feb 43	None	24 Dec 41	10 May 15	180th Mal Con Det	2600
118.	HELSEL, Wilford P.	037391	6 Aug 36	Capt 11 Jun 45	22 Jan 34	23 Jan 43	6 Aug 15	49th Gen Hosp	2431
131.	LEIBOVITZ, Albert	037407	30 Nov 46	None	11 Nov 42	17 Nov 43	30 Nov 15	10th Gen Hosp	3307
133.	MEDWED, John D.	037410	12 Jan 47	Capt 24 Feb 43	13 Sep 34	14 Apr 42	12 Jan 16	Hq, I Corps	2110
155.	FORD, Walter E.	037424	27 May 47	Capt 25 Oct 45	28 Jul 42	27 Jan 43	27 May 16	71st Sta Hosp	2431
180.	MUSCHLER, Louis H.	049922	1 Jul 48	None	5 Mar 41	25 Jan 42	4 Jul 16	20th Sta Hosp	3309
219.	QUEBEL, Charles A.	037470	1 Jul 48	Capt 19 Sep 46	7 Jan 41	26 Sep 42	28 Dec 16	34th Gen Hosp	2431
225.	EGENSE, Stanley W. Jr.	037475	1 Jul 48	Capt 31 Jan 44	4 Apr 41	22 Jul 42	16 Feb 17	10th Gen Hosp	2120
238.	ALEXANDER, Eugene S.	037488	1 Jul 48	Capt 29 Dec 43	10 Mar 41	29 May 42	1 Apr 17	49th Gen Hosp	2120
259.	FLEMMONS, Sam A.	037517	1 Jul 48	Maj 16 Jul 46	None	15 Aug 42	20 Jan 20	Med Sec, GHQ	2201
290.	RAJECKI, Felix G.	037574	1 Jul 48	Capt 20 Aug 45(?)	21 Mar 41	23 Dec 42	3 Mar 18	Med Sec, GHQ	2616

(ED's Note: If any entry is found to be in error in the foregoing lists, it is suggested that correction be made to the Director, Personnel Division, Medical Section, GHQ, FEC.)

PART II

TECHNICAL

<u>SUBJECT</u>	<u>SECTION</u>
Epidemic Diarrhea of the Newborn.	XVII
Treatment and Diagnosis of Severe Infantile Diarrhea.	XVIII
Nursing Aspects of the "Rooming-in" Plan.	XIX
Laboratory Procedures	IX

XVII Epidemic Diarrhea of the Newborn by Maj C. C. Canada, MC, Consultant in Pediatrics, FEC, and Capt Albert V. Hennessy, MC, 49th General Hospital, APO 1052



This syndrome is not a pathological entity but is a miscellaneous group of cases of various etiologies known and unknown bound together by a common symptom - that of diarrhea.

Stewart claims that the reported epidemics may be broken down into three groups: (1) Those of bacterial origin, although the organisms discovered frequently belong to groups not ordinarily considered pathogenic, the infecting agent apparently entering the nursery via an adult carrier and reaching the infant through the fecal-oral route through a break in nursery or formula room technique.

(2) Those of a virus etiology which has been proved or strongly suspected from certain presumptive evidence. (3) A large and controversial group in which etiological studies on the stools have failed to demonstrate an inciting agent.

The mortality rate varies between 30 and 80 percent.

Symptoms: The onset may be sudden or insidious. Loss of appetite, apathy, failure to gain weight, and occasional vomiting are the early signs. The stools generally become green in color, loose and watery, though sometimes they remain yellow. The early cases may be mild in degree and the danger be unrecognized until a severe epidemic develops. A sudden noisy projectile expulsion of liquid stool is characteristic. Severely toxic cases show rapid dehydration, ashen grey skin color, drowsiness alternating with irritability, and sometimes a degree of neck-resistance. The temperature is often sub-normal but may vary between 100° and 104° F. White blood count may be normal, elevated moderately, or a leukopenia ensue.

The laboratory studies are no different from those in other diarrheas.

The diagnosis is based on the symptoms of diarrhea not obviously due to formula difficulties, or dietary indiscretions of a nursing mother, not readily responding to formula change and which is spreading in the nursery.

Treatment: The treatment is essentially the same as for any other severe diarrhea except that parenteral penicillin and streptomycin, (0.5 gm OD), and oral sulfadiazine and streptomycin, (0.5 gm OD), should be started as soon as the diagnosis is made. There is some evidence that streptomycin has been of aid in certain epidemics of diarrhea. As this disease has a very high mortality rate rigid isolation should be practiced.

Prevention: The rooming-in plan, rigid observation of good nursery technique for those babies in the nursery, and terminal sterilization of formulas should go a long way toward eliminating the danger of epidemic diarrhea. No nurse suffering from diarrhea should work in the nursery or with newborn infants.

If an infant develops a true diarrhea he should be isolated in the isolation nursery until the significance of the situation can be judged. Should two infants from the same nursery develop diarrhea both babies must be isolated and the nursery quarantined until all contacts have been discharged and the nursery cleaned and made ready for new admissions. A mobile nursery should be set up in another part of the hospital for new admissions.

With the rooming-in plan the babies with diarrhea are to a great extent already isolated from the others and all that it would be necessary to quarantine would be the other babies in the particular room. The baby with the diarrhea should be isolated in a private room with its mother, or in an isolation nursery.

If three cases of diarrhea occur the syndrome of epidemic diarrhea of the newborn is assumed to be present and the situation should be instantly reported to the Surgeon's Office, FEC.

XVIII. Treatment and Diagnosis of Severe Infantile Diarrhea by Maj. C. C. Canada, MC, Consultant in Pediatrics, FEC, and Capt. Albert V. Hennessy, MC, 49th General Hospital, APO 1052



Diarrhea is a symptom which may be the result of:

- (1) Enteric infection with Shigella, Salmonella, Paracolon, Proteus Morgani, amoeba, or a virus.
- (2) Parenteral infection such as otitis media.
- (3) Errors in infant hygiene.

The severity of the disturbance may vary from a few loose stools to as many as 12 to 15 per day.

It is important to establish, if possible, the etiology or predisposing factor in every case of diarrhea. In the history the following facts should be noted:

- a. Rapidity of onset. (Rapid onset usually occurs in dysentery.)
- b. The duration of the diarrhea. (This often determines prognosis and response to therapy.)
- c. The frequency and size of stools and character of the stools. Large, loose, watery stools are more often associated with marked water and electrolyte loss than are frequent small ones. The presence of blood or pus suggests a dysentery.
- d. The presence or absence of vomiting as the infant can often replace his fluid or electrolyte loss by mouth if the fluid intake is adequate. Vomiting also causes a marked reduction in the caloric intake.
- e. Any symptoms such as fever, crying, rhinitis, etc., which suggest a parenteral infection.

The physical examination should be directed to determining the color, appearance, rate of breathing, temperature, weight, and hydration of the infant, and to a search for parenteral infection.

The laboratory work-up should include a complete blood count, (a leukocytosis may occur with dysentery, while a high leukocyte count suggests a parenteral infection), urinalysis, stool culture with examination for amoeba and for leukocytes and red blood cells, total protein, NPN, chlorides, a CO₂ combining power. Blood for typing and cross matching should be drawn.

The Treatment of Severe Diarrhea:

- (1) Cessation of all food and fluids orally.

(2) Combat shock if present with 30 cc/kg of a mixture of 1/2 Butler's solution, (1/3 - 1/6 M sodium lactate with 2/3 physiological saline), and 1/2 5% glucose in water, followed by whole blood, 20 cc/kg intravenously. If shock is not present the fluid will tend to maintain blood volume and prevent shock.

(3) If the CO₂ combining power is below 25 Vol. % it should be corrected with 1/6 M sodium lactate subcutaneously or intravenously. Do not correct completely but try to achieve a correction to about 35 Vol. %. (60 cc of 1/6 M sodium lactate per kilogram of body weight will raise the CO₂ combining power by 35 Vol. %). If there is a very severe acidosis present, (CO₂ combining power of 12 Vol. % or less), a 4% sodium bicarbonate solution given intravenously may be needed. The amount to give may be calculated from the formula $B \times 0.7 \times \text{body weight in kilos}$. B is the difference between the CO₂ combining power and 35 Vol. %. The 4% solution may be made by dissolving in 200 cc of sterile physiological saline 8 grams of pure sodium bicarbonate from a freshly opened bottle and weighed on a sterile petri dish.

(4) The total amount of fluid needed to rehydrate a severely dehydrated infant will vary between 4 and 10 percent of the body weight, (40 to 100 cc/kg), and in addition to this 100 to 150 cc/kg of fluid will be needed for maintenance in a 24 hour period. The rehydrating fluid should be a mixture of 1/2 Butler's solution, (as mentioned before), and 1/2 10% glucose in water while the maintenance fluid should consist of 5% glucose in water and 5% glucose in saline. The amount of saline required in the average infant a day for maintenance is about 125 cc of physiological saline.

The rehydrating fluid may be given either subcutaneously, intraperitoneally, or intravenously. The maintenance fluid should be given subcutaneously or intravenously.

- (5) The infant should be watched closely for recurrence of dehydration and a

good urinary output should be maintained.

(6) The above therapy should occupy about a 24 hour period. If there is no vomiting after this time fluids may be started orally. 5% amigen in 5% glucose may be used as the initial feeding. A single small trial feeding should be offered. If vomiting or distension occurs another 12 hours should elapse before trying again. If the trial feeding is tolerated the amigen may be fed every 3 hours. The total amount fed a day may be estimated on a 200 cc/kg basis. One to two grams of potassium chloride may be added to the total amount.

(7) If the amigen is well tolerated for 24 hours the feedings may be alternated with skimmed milk, and if this is tolerated skimmed milk is fed on the third day, and if tolerated 5 to 6 % sugar is added on the fourth day. An evaporated milk formula may be alternated with the skimmed milk formula on the next day and then instituted completely.

If at any time there is an exacerbation of the diarrhea or if vomiting or distension occurs, it will be necessary to revert back to the previous step. If the above is tolerated it may be possible to maintain hydration without parenteral fluids.

(8) If parenteral fluids are needed for more than 48 hours, vitamins C and B should be added to the fluids, and if crude liver extract is available the infant should receive 1 cc I.M. twice weekly.

(9) Parenteral infection should be treated in the same manner that it would be otherwise. Sulfadiazine should be given by mouth if cultures show Shigella. If there is a culture of gram negative organism from the parenteral infection, or if there is a suspicious gram negative organism in the stools such as paracolon bacilli, streptomycin should be given parenterally as a total daily dose of 0.5 gm. and orally in a total dose of 0.5 gm. daily.

(10) Stool precautions should be observed in all cases and contact isolation precautions taken.

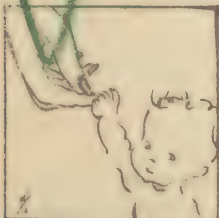
(11) Frequent determinations of the hemoglobin, CO₂ combining power, serum protein, chlorides, calcium, and NPN should be done.

The dangers or pitfalls in fluid and electrolyte therapy are:

- a. Failure to recognize and correct shock because of the presence of hemoconcentration.
- b. Early use of subcutaneous glucose which immobilizes fluid and causes further electrolyte deficiency.
- c. Alkalosis and tetany from excessive alkali.
- d. Edema, potassium loss and increased acidosis from excessive saline.
- e. Post acidotic state, excessive deposition of potassium, HPO₄ and calcium in tissues with fall in serum values and possible convulsions. (Treated with I.V. calcium gluconate.)
- f. Intoxication from calcium therapy.
- g. Hypoglycemia on stopping long continued intravenous glucose therapy.

The proper treatment and observation of mild diarrhea will prevent a great number of severe diarrheas.

XX. Nursing Aspects of the "Rooming-in" Plan by Capt. Fietta Rosenberger, ANC, Principal Chief Nurse, 28th Station Hospital, APO 25



On 28 June 1948, our obstetrician defined the essentials of the "Rooming-in" plan and explained prenatal care of mothers prior to admittance to the hospital. Mothers currently in the hospital were also advised of the plan. A conference was held between the Commanding Officer, the obstetrician, the pediatrician, the chief nurse and the obstetrical nurse to formulate definite policies for the rooming-in plan. At this time the following technique was formulated for private rooms and posted in each room for the mother to read.

NEWBORN - Immediately following delivery, the newborn infant is taken to the central nursery where it is weighed, cleaned, and dressed. The baby remains in the nursery eight to twelve hours depending upon his condition and the condition of the mother. Following the preliminary examination by the doctor, and if found to be normal, the baby is taken into the mother's room and remains there. When circumcision is done, the baby is taken to another room. All premature babies are kept in the isolation nursery.

In each room for the baby there is a toilet tray containing a package of cord dressings, a small bottle of alcohol for care of the cord, a bottle of boric solution for cleansing the nipples, a bag of sterile cotton balls, a covered bowl containing water for cleansing the baby when necessary and a thermometer.

Every morning a new sterile individual pack containing 12 diapers, 2 shirts, 2 bands, 1 pillow case, and 1 blanket is given to each mother for her baby.

A basin of clean water is frequently supplied with soap and sufficient paper towels for washing the mother's hands. Paper bags are used for the disposal of soiled linen and paper towels.

Scales are taken to the room and the baby weighed every other day unless specified more often.

The baby is given a demonstration bath by the nurse on the 7th day, and a return demonstration is given by the mother on the 8th day which is usually her day of discharge from the hospital.

The normal procedure is that all babies be breast fed. Feedings are on a demand basis, and this is carefully explained to the mother. If the doctor deems it necessary to start the baby on formula, then a formula is made up daily under sterile technique and kept in the formula room refrigerator in specially individual-marked bottles.

Masks are not worn by the mothers unless they have an upper respiratory infection. Gowns are worn by the father when he visits his baby. Visiting in the room is limited to the father. All mothers are encouraged to visit with each other in the day room and not in their own rooms.

The above plan was put into effect on 9 July 48. At this time the twelve babies in the nursery were taken to their mothers' room. Case histories were not kept on these twelve mothers and babies, but we were in a position to observe their reactions, note our own deficiencies, and make necessary corrections. The nurses began to realize that they were now being utilized to function primarily as educators and that they must be prepared to impart to the mothers their skill and knowledge by demonstration, guidance, and correction.

After delivery, the mother is given a form entitled "Daily Record of Newborn". The items listed include weight, stools, their color, consistency and time, urine, cord, skin, feeding, noting the time given and the amount taken. The nurse explains each item to the mother, and on the 2nd day the mother starts keeping this record which later becomes a part of the baby's clinical record. In this way, the mother learns a great deal about her baby. All personnel concerned know exactly how much the infant weighs; and are vitally interested in any unusual loss of weight. Pertinent facts about the care of the cord and navel, the eyes, and the genitals are shown.

It was found that mothers were concerned about the infant's stools. They took excellent care of their babies and kept accurate records. Full responsibility was placed gradually upon the mother for the care of her baby. Following the policy of early ambulation for the post-partum patient necessitates the mother's early participation in the care of her infant, and it follows that more instruction must be given on the 2nd, 3rd, and 4th day.

The following statistics are based on fifteen cases comprising nine normal deliveries, three low-forceps deliveries, two sections, and one pre-eclamptic toxemia. The plan was well liked by 12 fathers and disliked by 3. The plan was favored by 13 mothers (5 multiparas and 8 primiparas) and disliked by 2 multiparas. Thirteen mothers desired to breast feed their babies, and the two primiparas who did not wish to were tactfully persuaded it was considered best for the babies. All of our mothers complained about the babies being brought to their rooms so soon after delivery. Eleven mothers had less discomfort following episiotomies which was no doubt due to early ambulation. All babies were free from infection. One mother had a slight upper respiratory infection for several days however she wore a mask and continued to care for her baby. The baby remained free of infection. Thirteen mothers welcomed the instruction, and these same mothers demonstrated by practical application their adequacy as new parents. The two mothers who resented instruction needed it the most and despite our efforts, neither was competent to handle her baby when discharged from the hospital.

From these fifteen cases, we compiled 10 Time Studies of the nursing care given to the infant and mother. In order to obtain an accurate study, we did not include the sections and three mothers who were Registered Nurses. The tables given below reveal the actual results of Case I and compare the totals of this case with those of other hospitals studied by the Cornelian Group in Detroit. In all of the studies made at the 28th Station Hospital, the total amount of professional nursing care of the baby, instruction, and supervision of the mother is less than 1.8 hours per infant each 24 hours as recommended by the National Nursing Council. When adding the time devoted to the love of the infant by the mother, the total amount of care actually received by the infant under

the rooming-in plan is much greater than the minimum requirements.

Case I - Mother and Baby Record of Nursing Care - 28th Station Hospital

Day of Life	Minutes of Nursing Care	Minutes of Instruction and Supervision	Aide Care	Total Minutes
2	15	45	65	125
3	5	50	46	101
4	-	35	32	67
5	4	19	18	41
6	-	9	21	30
7	4	5	12	21
8	-	15	9	24
9	-	5	9	14
Average	3.4	22.7	26.4	52.7
Average for 10 cases	2.3	18	31.5	51.8
* Average	26	34		60
# Average	21	34		55



(* From a study in the Henry Ford Hospital by E. Romine, R.N. completed a year ago.)

(# From a study in the Providence Hospital by Margery Gaunt, R.N. completed a year ago.)

The chart reveals the large amount of time mothers are devoting to the care of their babies.

Probably one of the most interesting things brought out in these time studies is the large amount of nursing care given by our nurse aides. In addition to this care, our nurse aides are responsible for the preparation, sterilization, and distribution of all obstetrical supplies and some of our aides take call and scrub for deliveries under the supervision of a graduate nurse. It is estimated that 70% of the work on our obstetrical ward is done by these aides. Aides do not render nursing care to the baby.

FINDINGS: The infant actually receives more balanced care and responds in proportion to the amount of love and mothering he receives.

The majority of fathers and mothers prefer the rooming-in plan.

The majority of mothers desire and welcome guidance from doctors and nurses and are greatly benefited.

This plan affords more opportunities for doctors and nurses to encourage breast feeding. Our studies show that more babies were breast fed. Certainly this plan should cut down the chance of epidemic diarrhea.

In the well-lighted and better-ventilated private room, the baby is less susceptible to heat rash.

We feel with adequate instruction to mothers, with a minimum of ward personnel handling the infant, and by observing simple precautions, the chance for infection is reduced to a minimum.

Mothers are kept busy with the care of their babies and are mentally and physically benefited.

With sufficient numbers of trained nurse aides, adequate nursing care can be given to our mothers thereby allowing the professional nurse more time for instruction and supervision of the mothers in the care of their babies.

SUMMARY: In summary, this plan seems practical and desirable for all normal babies and mothers and needs not interfere with established obstetrical routines. It is felt that the Rooming-in Plan can be successfully carried out in the majority of hospitals.

References: 1- Case Studies, 28th Station Hospital, APO 25

2- The Cornelian Corner of Detroit - Adapting Rooming-in Maternity Plan to Physical Plant of Hospital. Hospital Management, Vol 64, pp 36 (Sept) 1947.

IX. Laboratory Procedures by Capt. Louis H. Muschel, MSC, 20th Station Hospital (PS), APO 74

We have found a number of laboratory procedures to be of particular value. Some of these were not available or included at the time of publication of TM 8-227, Methods for Laboratory Technicians, October 1948.

In accordance with the importance recently ascribed to the blocking antibody, to determine compatibility of blood of donor and recipient, suspensions of red cells are used in their own serum rather than in saline and incubated at 37° C for 45 minutes (1).

The procedure for platelet counts given in TM 8-227 (2) does not allow for settling of the platelets in the counting chamber. It is of advantage in counting to allow the platelets to settle for 15 minutes (3) keeping the chamber covered with the top of a petri plate to prevent evaporation. When Delafield's hematoxylin is not available for demonstrating microfilariae in blood smears, it has been found that Giemsa's stain works well provided the staining time is reduced.

In the examination of feces for the presence of helminth ova and protozoan cysts, in addition to the direct fecal smear, the simplified zinc sulphate technic of Otto, Hewitt, and Strahan (4) is used. For routine laboratory work, this procedure is the method of choice for the diagnosis of nearly all the helminth and protozoan infections of the intestines. When an examination for schistosomiasis is desired, the method described by Hunter and his associates (5) and given in TB MED 167, change 1, is used. We have had excellent results with it. In place of Triton NE, we have used a 10% aqueous solution of mobile laundry detergent, Quartermaster supply item no. 51D-175 (6).

In response to requests for a "good" test for bilirubin in urine, we have tried various modifications of Gmelin's test, the methylene blue test, and a direct diazotization. The direct diazotization as described by Golden and Snively (7) has given a fairly practical and accurately quantitative method. For the determination of bilirubin in serum, the method of Evelyn and Malloy (8) appears satisfactory. In regard to obtaining a stabilized and standardized citrate gold sol, a method recently described by Lange and Harris (9) deserves consideration. The authors feel that their preparation is superior to any colloidal gold preparation or colloidal substitute thus far described with respect to simplicity of preparation, sensitivity, stability, and reproducibility. We have not yet tried this method.

In our diagnostic bacteriology section, the text of Schaub and Foley (10) has provided an excellent guide. In the diagnosis of tuberculosis, bottles containing 10 ml. of a ten percent solution of trisodium phosphate (23% of the hydrated salt) for the collection of sputum (11) have aided in providing a satisfactory digestion, and thus in the detection of the causative organism. In spinal fluids, when animal inoculation is not to be made, it is helpful to add sufficient 95% ethyl alcohol to produce a slight clouding of the upper inch of the fluid before centrifuging so that the precipitated protein may help to carry down the organisms (12). Our outstanding experience in stool bacteriology has been the correctness of the dictum of Colonel Callender concerning the presence of multitudes of pus cells in the feces of patients with shigellosis.

I wish to thank the laboratory staff, particularly Lt. Robert I. Anderson, MSC, Dr. R. Gueco, Mr. G. Griarte, Miss E. Banzon, and Sergeant M. Mapili for initiating and performing many of these procedures.

REFERENCES:

1. Personal communication from Army Medical School.
2. TM 8-227, Methods for Laboratory Technicians, War Dept, 1948, p. 63.
3. Stitt, Clough, and Clough, Practical Bacteriology, Haematology, and Animal Parasitology, 9th ed. Blackiston, 1938, p. 299
4. Simmons and Gentzkow. Laboratory Methods of the United States Army. Lea and Febiger, 1944, p. 685.

5. Hunter, Hodges, Jehnes, Diamond, and Ingalls. Studies on Schistosomiasis. II. Summary of Further Studies on Methods of Recovering Eggs of *S. Japonicum* from Stools. Bull. of the U. S. Army Medical Department, 8:128, 1948.
6. Modification of Acid-Ether Method of Fecal Examination for Intestinal Schistosomiasis. Bull. of the U. S. Army Medical Department, 4:41, 1945
7. Golden, Walters R. C., and Snavely, John G. Method For the Quantitative Determination of Bilirubin in Urine. J. Lab. and Clin. Med., 33:890, 1948.
8. Simmons and Gentskow. Laboratory Methods of the United States Army. Lea and Febiger. 1944, p. 214.
9. Lange, Carl and Harris, Albert H. Stabilized Citrate Gold for Use in the Colloidal Gold Reaction. J. of Ven. Dis. Information, 29:265, 1948.
10. Schaub, I. G., and Foley, M. K. Diagnostic Bacteriology. C. V. Mosby, 1947.
11. Private Communication from Florida State Board of Health.
12. Bray, W. E. Synopsis of Clinical Laboratory Methods, 2nd ed. C. V. Mosby, 1941, p. 247.

PART III

STATISTICALEvacuation:

1. Tabulated below are the number of patients evacuated from the major commands to the zone of interior during the five report weeks in December and the number of patients awaiting evacuation as of 31 December 1948:

	<u>BY AIR</u>	<u>BY WATER</u>	<u>TOTAL</u>	<u>PATIENTS AWAITING EVACUATION</u>
JAPAN	34*	200*	234*	33
MARBO	70	6	76	15
PHILCOM	20	6	26	16
RYCOM	20	3	23	8
FAR EAST COMMAND	144	215	359	72

* Includes 46 patients who originated in Korea.

2. During the five report weeks in December, 115 patients were evacuated from Korea to Japan, by air transportation, for further hospitalization and disposition or for onward evacuation to the zone of interior. As of 31 December 1948, there were no patients in Korea awaiting evacuation to Japan.

RESTRICTED

3. Evacuations of military personnel per thousand strength for the period 27 November 1948 to 31 December 1948 were as follows:

JAPAN	1.7
KOREA	6.8
MARBO	3.2
PHILCOM	1.1
RYCOM	.82
FEC	1.8

Hospitalization:

1. The bed status as of 31 December 1948 was as follows:

	<u>Total T/O Beds Authorized</u>	<u>Total T/O Beds Established</u>	<u>Total T/O Beds Occupied</u>
JAPAN	4,450	4,660	2,141
KOREA	650	300	166
MARBO	800	583	217
PHILCOM	1,600	1,520	756
RYCOM	750	442	256
FEC	<u>8,250</u>	<u>7,505</u>	<u>3,536</u>

2. The percent of T/O beds and established beds occupied as of 31 December 1948 was as follows:

	<u>Percent Authorized T/O Beds Occupied</u>	<u>Percent of Established Beds Occupied</u>
JAPAN	48	46
KOREA	26	55
MARBO	27	37
PHILCOM	47	50
RYCOM	34	58
FEC	43	47

3. Admission rates per thousand troops per annum for the five weeks period ending 31 December 1948 were as follows:

	<u>FEC</u>	<u>JAPAN</u>	<u>KOREA</u>	<u>MARBO</u>	<u>PHILCOM</u>	<u>RYCOM</u>
All Causes	561	688	707	279	418	290
Disease	505	624	671	218	371	254
Injury	56	64	36	62	47	36
Psychiatric	15	18	17	15	11	7.0
Common Respira- tory Disease	79	110	51	33	68	11
Influenza	1.1	1.2	1.2	0	2.3	0
Primary Atypical Pneumonia	4.4	6.0	3.7	2.3	.46	4.0
Common Diarrhea	3.1	1.7	5.0	1.4	8.3	5.0
Bacillary Dysentery	1.3	.72	0	0	2.8	4.5
Amebic Dysentery	1.1	.72	0	.92	4.6	0
Malaria	2.7	.72	0	1.4	11	7.5
Infectious Hepati- tis	4.5	3.9	9.3	4.1	6.9	3.0
Mycotic Dermatoses	4.3	7.2	1.2	0	.46	1.5
Rheumatic Fever	.57	.62	1.9	0	.46	0
Venereal Disease	118	142	264	11	44	78

RESTRICTED

DO NOT OVER-TREAT YOUR SKIN CASES

The following is an extract from the Annual Report of the 361st Station hospital:

"Patients received at this hospital often had received initial treatment at other medical installations, but too often the treatment proved irritating, and resulted in prolonged hospitalization. Our biggest problem has been the treatment of contact dermatitis following the use of Benzyl Benzoate Emulsion for Scabies."

I N D E X

	<u>PAGE</u>
Army Medical Department Officers Teach in Civilian Schools.	2
Career Guidance Policy for Medical Corps Officers	2
Civilian Consultants Expected to Visit FEC - 1949	3
Civilian Doctors Interested in Commission in Reserve Corps.	5
Contents of Emergency Cabinet for the Treatment of Poisoning.	7
Epidemic Diarrhea of the Newborn.	13
FEC Conference of Major Command Surgeons.	1
General Instructions on Use of Kardex Chart System.	7
Hospital Managers Institute	3
Laboratory Procedures	18
New Heads Army Medical Installations.	5
New Surgeon General Status.	2
Nursing Aspects of the "Rooming-in" Plan.	15
Organization of the Medical Section	1
Poisons and Antidotes Chart (Chart - reverse side of pages 9 and 12)	8
Promotion Lists - Medical Service Corps Officers, FEC	9
Recent Department of the Army and FEC Publications.	8
Refrigeration of Penicillin and Streptomycin.	5
Schedule for Processing Applications for Medical and Dental Corps, Regular Army	6
Statistical	19
Treatment and Diagnosis of Severe Infantile Diarrhea.	14



Major General Bethea extends an invitation to all personnel of the Medical Department to prepare and forward, with view to publication, articles of professional or administrative nature. It is assumed that editorial privilege is granted. Copy should be forwarded so as to reach the Medical Section, GHQ, FEC, not later than the 10th of the month preceding the issue in which publishing is desired.

Capt. Vincent I. Hack, Editor